

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA**

In Re:

Case No.:

**MONTHLY REPORT OF INDIVIDUAL DEBTOR IN POSSESSION/TRUSTEE DOING BUSINESS
FOR THE MONTH OF _____, 20__.**

I. Summary of Business Operations:

1.(a) Please summarize debtor's activities for the month:

(b) Did operations meet the debtor's expectations/projections this month? If no, what affected profitability?

2. Did the debtor have any significant receipts or disbursements this month that were "one time only," that will not necessarily occur in each month going forward? (i.e receipt of insurance proceeds, receipt of refunds, payment of annual or quarterly premiums, large repair expenses, etc.) If yes, please describe:

3. Does the debtor expect to make any changes to its business in the next 30 days? If yes, please describe:

II. Summary of Chapter 11 Activities

1. Were any transactions this month outside of the ordinary course of business? (i.e. sale of property, loans from third parties, large purchases, etc.) If yes, please describe:

2. What steps has the debtor taken toward reorganization or liquidation?

I declare under penalty or perjury that the information contained in this report is true and correct to the best of my knowledge and belief.

Respectfully submitted this _____, day of _____, 20____.

Title: _____ Signature: _____

Attorney for Debtor: _____ Date: _____

Name
Address
Phone number

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20__**

PART A:

CERTIFICATIONS

1. Yes___ No___ All postpetition taxes [tax obligations arising after the chapter 11 petition was filed] are currently paid or deposited.
2. Yes___ No___ All tax returns coming due post petition have been filed or extension granted.
3. Yes___ No___ All administrative expenses [postpetition obligations] other than taxes are current.
4. Yes___ No___ All insurance remains in full force and effect in accordance with Local Bankruptcy Rule No. 4002-1(b)(1)(c).
5. Yes___ No___ New books and records were opened as of the petition date and are being maintained monthly and are current.
6. Yes___ No___ New DIP bank accounts were opened and are reconciled in accordance with Local Bankruptcy Rule No. 4002-1(b)(1).
7. Yes___ No___ Pre-petition bank accounts have been closed.
8. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *since the filing of this case*.
9. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *this reporting period*.
10. Yes___ No___ The only transfers of property made during this period were transfers which were in the ordinary course of business.
11. Yes___ No___ Estate funds which are on deposit in banking institutions are fully covered by FDIC or FSLIC insurance of \$100,000.00.
12. Yes___ No___ Copies of the corresponding bank statements are attached for each open account.
13. Yes___ No___ If this report falls on the calendar quarter, the debtor has paid the quarterly fee.

IF THE ANSWER TO ANY OF THE CERTIFICATIONS ABOVE IS NO, PLEASE PROVIDE EXPLANATION ON SUPPLEMENT TO PART A.

**SUPPLEMENT TO PART A:
EXPLANATION OF CERTIFICATIONS REFLECTED AS "NO"**

1. Postpetition taxes not current or not deposited:

Type _____ and amount \$_____ unpaid or not deposited.

Type _____ and amount \$_____ unpaid or not deposited.

When will the debtor bring these taxes current?:

2. Tax returns not filed:

3. Administrative expenses [postpetition] other than taxes not current:

Type _____ and amount \$_____ unpaid.

Type _____ and amount \$_____ unpaid.

When will the debtor bring these payments current?:

4. Description of uninsured estate property, reasons why and steps implemented to obtain insurance:

- a.
- b.

5. Reason/explanation why new books and records have not been opened:

6. Reason/explanation why new bank accounts have not been opened:

7. Reason/explanation why old bank accounts have not been closed:

8. List all prepetition debts which were paid since the petition date including the name and address of the creditor paid, the amount paid, and the justification for the payment [do not include payments to secured creditors or lessors under an adequate protection agreement.]

9. List all prepetition debts paid this reporting period in the format identified in #8 above:

10. List all property which was sold/transferred outside the ordinary course of business and whether prior authority for such transfer[s] was obtained from the court:

- 11. If funds are not fully covered by FDIC or FSLIC insurance of \$100,000.00, provide name of bank[s] where estate monies are deposited and the balance of all accounts therein:**
- 12. Reason/explanation why bank statements were not attached:**
- 13. Reason/explanation why debtor has not paid the Chapter 11 quarterly fee:**

SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS

CASH ACTIVITY ANALYSIS FOR INDIVIDUAL DEBTORS

*** All items must be answered. Any which do not apply should be answered "none" or "N/A".**

4. **Balance at end of the reporting period**
(add line 1 to total income, then subtract
total disbursements) \$

SUMMARY OF BANK ACCOUNT INFORMATION

5. Total bank balance \$ _____

6. Plus uncleared deposits _____

7. Less uncleared checks _____

8. Reconciled balance *\$ _____

BANK NAME

ACCOUNT NUMBER

NATURE OF ACCOUNT

*If item #4 differs from Item #8, please explain:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20__**

**PART C:
MUST BE COMPLETED FOR EACH BUSINESS BANK ACCOUNT**

**SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS
CASH ACTIVITY ANALYSIS**

NATURE/TYPE OF ACCOUNT: General/Operating Account;
 Tax Account;
 Payroll Account;
 Other: _____

	<u>Amount</u>
1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT:	\$ _____
2. TOTAL CASH RECEIPTS: [On following page Supplement to Part B provide a description of the source and amount]	\$ _____
3. CASH BALANCE AVAILABLE: [#1 plus #2]	\$ _____
4. TOTAL CASH DISBURSEMENTS: [On following page Supplement to Part B provide a description of the disbursements]	\$ _____
5. ENDING CASH BALANCE: [#3 less #4]	\$ _____

SUMMARY OF BANK ACCOUNT INFORMATION

6. TOTAL BANK BALANCE	\$ _____
7. PLUS UNCLEARED DEPOSITS	_____
8. LESS UNCLEARED CHECKS	_____
9. RECONCILED BALANCE	*\$ _____

BANK NAME ACCOUNT NUMBER NATURE OF ACCOUNT

*If item #5 differs from Item #9, please explain:

SUPPLEMENT TO PART C:
MUST BE COMPLETED FOR EACH OPEN BUSINESS BANK ACCOUNT

DESCRIPTION/ITEMIZATION OF RECEIPTS AND DISBURSEMENTS

NATURE/TYPE OF ACCOUNT: **General/Operating Account;**
 Tax Account;
 Payroll Account;
 Other:

1. RECEIPTS:	<u>Amount</u>
Sales	_____
Collection of postpetition accounts receivable	_____
Collection of prepetition accounts receivable	_____
Borrowing by debtor	_____
Transfer from another account (#_____)	_____
Other Income (describe on attachment)	_____
Less allowance for returns and discounts	_____
*TOTAL =	\$ _____

***Total equals item #2/Total Cash Receipts on Part C.**

2. DISBURSEMENTS:	<u>Amount</u>
Purchases of inventory	_____
Net Payroll (transfer to payroll account)	_____
Payroll Taxes (transfer to tax account)	_____
Rent	_____
Other lease payments	_____
Utilities (Telephone, Electricity, Other)	_____
Sales Tax	_____
Other taxes	_____
Travel and Entertainment	_____
Automobile or vehicle expense	_____
Service charges	_____
Vehicle insurance	_____
Life and health insurance	_____
Other insurance	_____
Supplies	_____
Freight	_____
Advertising	_____
Repairs and Maintenance	_____
Payments to secured creditors	_____
Other Expenses (describe on attachment)	_____
*TOTAL =	\$ _____

***Total equals item #4/Total Cash Disbursements on Part C.**

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____**

PART D:

SUMMARY OF ACCOUNTS RECEIVABLE

	<u>Amount</u>
1. Beginning Balance	\$_____
2. Sales on Account	\$_____
3. Collections on Account	\$_____
4. Ending Balance [Item #1 plus #2 minus #3]	\$_____

STATUS OF COLLECTIONS:

	<u>Amount</u>
Current to 30 days	\$_____
31 to 60 days	\$_____
61 to 90 days	\$_____
91 to 120 days	\$_____
121 days and older	\$_____
TOTAL:	\$_____

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20__**

PART E:

**SUMMARY OF ACCOUNTS PAYABLE
[EXCLUDING PREPETITION ACCOUNTS PAYABLE]**

Amount

Current to 30 days \$ _____

31 to 60 days \$ _____

61 to 90 days \$ _____

91 to 120 days \$ _____

121 days and older \$ _____

TOTAL: \$ _____

If there are payables outstanding greater than 60 days, please provide explanation:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____**

**Part F :
STATUS OF PAYMENTS TO SECURED CREDITORS**

1. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

2. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

3. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

4. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

5. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

6. Creditor Name: _____

Was this creditor paid a full payment this month? _____ Amount: _____

If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____

Have all payments due to this creditors since the petition date been paid? _____

If not, how much is owed this creditor in missed or partial payments since the petition date? _____

[Attach a separate page for additional secured creditors]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____**

Part D :

STATUS OF PAYMENTS TO LESSORS

Provide the following information for all leases that have not been rejected:

1. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

2. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

3. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

4. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

5. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

6. Lessor Name: _____
Was this creditor paid a full payment this month? _____ Amount: _____
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date: _____
Have all payments due to this creditors since the petition date been paid? _____
If not, how much is owed this creditor in missed or partial payments since the petition date? _____

[Attach a separate page for additional lessors]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20____**

PART H:

SUMMARY OF OFFICER/OWNER COMPENSATION AND PERSONNEL REPORT

- 1. Report all salaries received from or paid by the debtor to an owner or officer of the debtor.
Check here if same as last monthly report or provide the following information:**

<u>Name of Officer/Owner</u>	<u>Title</u>	<u>Amount of Compensation Authorized By the Court</u>	<u>Amount of Compensation Received this month</u>	<u>Date Approved</u>
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- 2. Personnel Report:**

_____ **Check here if same as last monthly report or provide the following information:**

Full Time

Total number of employees at beginning of the reporting period	_____
Number hired during the period	_____
Number terminated/resigned during the period	_____
Total number of employees at the end of the period	_____

- 3. Report all payments made to professionals (i.e. accountants, attorneys, realtors) paid by the debtor:**

<u>Name of Professional</u>	<u>Type of Service (i.e. acct, atty, etc)</u>	<u>Amount of Compensation Authorized By the Court</u>	<u>Amount of Compensation Received</u>	<u>Date Approved</u>
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**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20__**

PART I:

ACCRUAL BASIS INCOME/[LOSS] FOR THE MONTH

Amount

- | | | |
|----|--|----------|
| 1. | Total Sales or Revenue | \$ _____ |
| 2. | Cost of Goods Sold | |
| | Material: | \$ _____ |
| | Labor: | \$ _____ |
| | Other: | \$ _____ |
| | TOTAL COSTS | \$ _____ |
| 3. | Gross Profit [Item #1 minus item #2] | \$ _____ |
| 4. | TOTAL OPERATING EXPENSES | \$ _____ |
| 5. | Net Profit or <Loss>
[Item #3 minus #4] | \$ _____ |
| 6. | Total Non-Operating
Income/Expenses | \$ _____ |
| 7. | Net Profit or <Loss>
[Item #5 minus #6] | \$ _____ |

[If a detailed INCOME STATEMENT is available, please attach it to the monthly report]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20__**

PART J: ACCRUAL BASIS BALANCE SHEET

This part must be submitted with the *first monthly report* and thereafter on a *quarterly basis*, with the reports for ***March, June, September and December***, unless a different date is agreed to by the Bankruptcy Administrator, until confirmation of the plan. It is permissible and helpful if a balance sheet is submitted more often than once a quarter, but not required. An "in house" report may be attached, with the approval of the Bankruptcy Administrator, provided it meets the accrual requirement.

ASSETS

CURRENT ASSETS

Cash	_____	
Accounts receivable [net]	_____	
Other receivables	_____	
Inventories	_____	
Prepaid	_____	
Total Current Assets		_____

FIXED, LONG TERM, AND OTHER ASSETS

Land	_____	
Fixed Assets	_____	
Accumulated depreciation on fixed assets	_____	
Other Assets - Net	_____	
Total fixed, long term and other assets		_____

Total assets _____

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES

Accounts Payable	_____	
Notes Payable	_____	
Salaries Payable	_____	
Payroll Taxes Payable	_____	
Income Taxes Payable	_____	
Other Current Liabilities	_____	
Total Current Liabilities		_____

LONG TERM LIABILITIES

Prepetition Liabilities	_____	
Postpetition Long Term	_____	
Total Long Term Liabilities		_____

TOTAL LIABILITIES _____

OWNERS' [STOCKHOLDERS'] EQUITY

Stock [investment in company]	_____	
Retained Earning	_____	
Total Owners Equity		_____
Total Liabilities and Owners' Equity		_____

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE QUARTER OF _____, 20__**

Part K: Chapter 11 Quarterly Fees

Disbursements include: Sum total of disbursements from all bank accounts, including payments of operating expenses and payments to secured creditors and lessors. Disbursements also include payments made on behalf of the Debtor by a third party. Disbursements do not include transfers between accounts. Checks should be made out to "Clerk, US Bankruptcy Court. " Quarterly fees are not pro-rated.

1st Quarter

Disbursements for January, 20__ : _____

Disbursements for February, 20__ : _____

Disbursements for March, 20__ : _____

Amount of Fee Due: _____

Amount Paid: _____

Total Disbursements for the 1st Quarter: _____

2nd Quarter

Disbursements for April, 20__ : _____

Disbursements for May, 20__ : _____

Disbursements for June, 20__ : _____

Amount of Fee Due: _____

Amount Paid: _____

Total Disbursements for the 2nd Quarter: _____

3rd Quarter

Disbursements for July, 20__ : _____

Disbursements for August, 20__ : _____

Disbursements for September, 20__ : _____

Amount of Fee Due: _____

Amount Paid: _____

Total Disbursements for the 3rd Quarter: _____

4th Quarter

Disbursements for October, 20__ : _____

Disbursements for November, 20__ : _____

Disbursements for December, 20__ : _____

Amount of Fee Due: _____

Amount Paid: _____

Total Disbursements due for the 4th Quarter: _____

Scale: \$325 for disbursements less than \$15,000 for the entire quarter

\$650 for disbursements of \$15,000 or more but less than \$75,000

\$975 for disbursements of \$75,000 or more but less than \$150,000

\$1,625 for disbursements of \$150,000 or more but less than \$225,000

\$1,950 for disbursements of \$225,000 or more but less than \$300,000

\$4,875 for disbursements of \$300,000 or more but less than \$1,000,000

\$6,500 for disbursements of \$1,000,000 or more but less than \$2,000,000

\$9,750 for disbursements of \$2,000,000 or more but less than \$3,000,000

\$10,400 for disbursements of \$3,000,000 or more but less than \$5,000,000

\$13,000 for disbursements of \$5,000,000 or more but less than \$15,000,000

\$20,000 for disbursements of \$15,000,000 or more but less than \$30,000,000

\$30,000 for disbursements of more than \$30,000,000.

If the amount paid differs from the amount due, please provide an explanation: